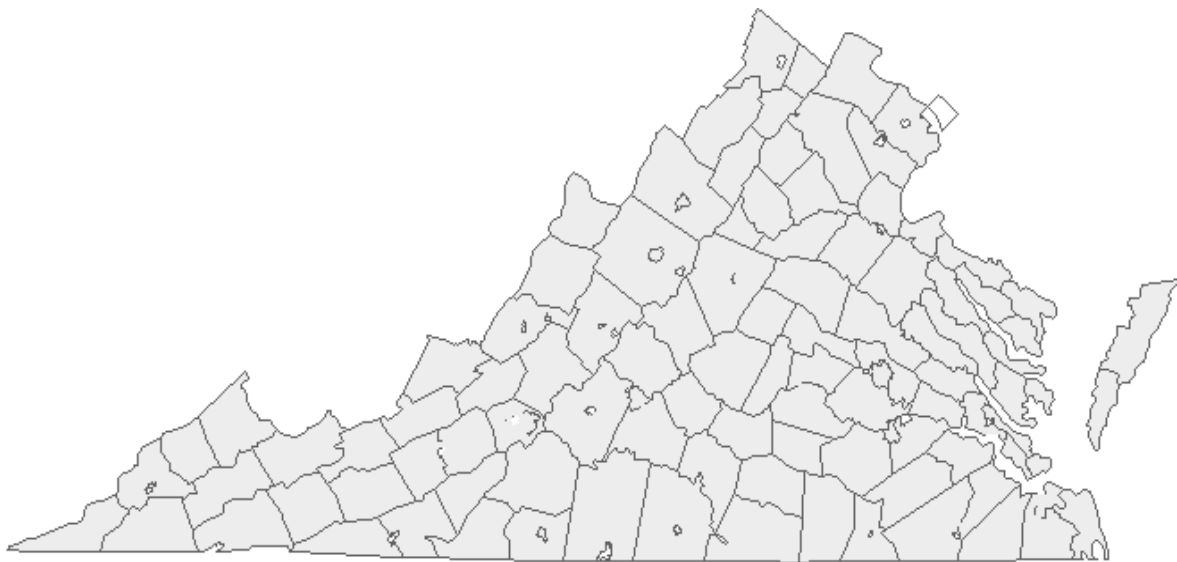


**THE MARY MARSHALL NURSING  
SCHOLARSHIP PROGRAM  
For  
REGISTERED NURSES**



**2002**

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## **FOREWORD**

This document has been prepared to familiarize scholarship applicants, Deans/Directors of nursing programs, and Financial Aid Officers with the Mary Marshall Nursing Scholarship Programs, the legislative authority for the scholarships, and the steps involved in the application process.

Please contact the Office of Health Policy and Planning, Virginia Department of Health, 1500 East Main Street, Suite 227, Richmond, Virginia 23219 or Post Office Box 2448, Richmond, Virginia 23218 or call (804) 371-4090 if you have questions about the scholarship program.

**ALL SCHOLARSHIPS ARE AWARDED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.**

## LEGISLATIVE AUTHORITY

Sections 23-35.9-13 and 32.1-122.6-01 of the *Code of Virginia* authorize annual nursing scholarships for students enrolled in undergraduate and graduate nursing programs. The Board of Health is authorized to award available nursing scholarships from the Nursing Scholarship Fund established in §54.3011.2 pursuant to the procedures for the administration of the scholarships awarded.

Under the law, a Nursing Scholarship Advisory Committee appointed by the State Board of Health makes all scholarship awards. The Nursing Scholarship Advisory Committee consists of eight members or their designees: four deans or directors of nursing schools, two former scholarship recipients, and two members with experience in the administration of student financial aid programs. Committee appointments are for two years, and members may not serve more than two successive terms. In the Spring of 1992, another member was added to the committee to represent the Practical Nurse programs. Thus, the Nursing Scholarship Committee consists of nine member or their designees.

The Mary Marshall Nursing Scholarship awards are competitive; there are usually more applicants for scholarship awards than there are funds available. Awards are made upon such basis, competitive or otherwise, as determined by the Advisory Committee, with due regards for scholastic attainments, character, need, and adaptability of the applicant for the service contemplated in such award. No award shall be made if the applicant fails to possess the requisite qualifications.

**Funds should be used only for payment of charges for tuition, fee, room, board, or other educational expenses, as prescribed by the Board of Health.** Board of Nursing funds will be transmitted to the appropriate institution to credit the account of the recipient. Funds from the General Assembly will be paid directly to the recipient.

The Office of Health Policy and Planning serves as staff to the Nursing Scholarship Committee and plays no role in the determination of scholarship recipients.

## ELIGIBILITY

To be considered for a Mary Marshall Nursing Scholarship, an applicant must meet the following criteria:

1. Residency in the State of Virginia for at least one year;
2. Acceptance or enrollment as a full-time or part-time student in a school of nursing in the state of Virginia;
3. Demonstration of a cumulative grade point average of at least 3.0 **in required courses, not electives**;
4. Demonstration of financial need, verified by the Financial Aid Office/authorized person at the applicant's nursing school; and
5. Have submitted a completed application form and an **official** grade transcript to The Office of Health Policy and Planning prior to June 30. If no college courses attempted an official high school transcript or equivalent must be submitted.

**Failure to comply with any of the above will cause the applicant to be ineligible for a Mary Marshall Nursing Scholarship. Applicants will be evaluated and ranked by the scholarship committee, and the most qualified applicants will be awarded the scholarships.**

## CONDITIONS OF SCHOLARSHIPS

It is important that all applicants fully understand the conditions of accepting a Mary Marshall Nursing Scholarship. These awards are not gifts. Scholarship recipients must agree to engage in full-time nursing in Virginia for one month for every \$100 received. Therefore, if a student received \$1200 in scholarship awards, he/she must repay that amount by working continuously for 12 months. The award recipient has 60 days from the date of graduation to obtain his/her license. Full-time employment must begin within 90 days of the recipient's licensure date. Voluntary military service, even if stationed in Virginia, cannot be used to repay scholarship awards.

If, for any reason, a scholarship recipient fails to complete his studies or to engage in full-time nursing in Virginia, the full amount of money represented in the scholarship(s) received, plus an annual interest charge, as established by the Commonwealth of Virginia, must be repaid immediately.

Recipients must take the first scheduled licensing examination following graduation. If recipient does not pass, he/she must retake the next scheduled examination. If he/she does not pass the second examination, he/she must repay all scholarship money received, plus an annual interest charge, as stated above.

If a recipient leaves Virginia or ceases to engage in full-time practice as a registered nurse before fulfillment of the scholarship obligation, the recipient must repay the balance on his account, plus an annual interest charge, as established by the Commonwealth of Virginia.

Before any scholarship is awarded, the applicant must sign a written contract agreeing to these terms, as established by law and the Board of Health.

### **NUMBER OF APPLICATIONS PER STUDENT**

Scholarships are awarded for single academic years. However, a recipient may, after demonstrating satisfactory progress in his studies, apply for and receive a scholarship award for a succeeding academic year. No student may receive a scholarship for more than a total of four years.

### **SCHOLARSHIP AMOUNT**

The amount of each scholarship award is dependent upon the amount of money appropriated by the Virginia General Assembly, the amount of money collected by the Board of Nursing, and the number of qualified applicants. Undergraduate awards may not exceed \$2000 annually.

### **HOW TO APPLY**

Applications and guidelines are available from the Dean/Director or Financial Aid Office at the applicant's nursing school.

If a student is pursuing a degree not available in Virginia, applications may be obtained directly from:

Office of Health Policy and Planning  
Virginia Department of Health  
1500 East Main Street, Suite 227  
Post Office Box 2448 (23218)  
Richmond, Virginia 23219

### **DEADLINE DATE**

Applications must be postmarked no later than June 30 for the current academic year. Applications and/or transcripts postmarked after the above date will not be considered for scholarship awards. Applications will not be accepted in The Office of Health Policy and Planning prior to April 30.

## FLOW CHART OF RESPONSIBILITIES

**D**-Dean/Director

**FAO**- Financial Aid Officer/Authorized school official

**S/R** - Student/Recipient

### RESPONSIBILITY

Maintain a supply of current scholarship applications and guidelines and distribute to students. Notify The Office of Health Policy and Planning when additional applications are needed.	<b>D</b>	<b>FAO</b>	
Make certain all parts of the application are completed and submitted to The Office of Health Policy and Planning prior to the June 30 deadline date.			<b>S/R</b>
Make certain that a current official transcript of grades (high school or college, if now attending) is sent to The Office of Health Policy and Planning prior to June 30 deadline date.			<b>S/R</b>
Review the most recent financial records of the applicants. Determine the applicant's specific financial need and enter on the application. Date and sign the application.		<b>FAO</b>	
Review the entire application before affixing signature, thereby indicating: A. The applicant has properly completed the application form. B. The financial aid officer/authorized person has verified proof of need. C. The applicant's entrance and graduation dates are correct D. The school of nursing is recommending the applicant for a scholarship based upon ability and academic potential.	<b>D</b>		
Submit an official transcript of grades to The Office of Health Policy and Planning at the end of each grading period during the scholarship year.	<b>D</b>		<b>S/R</b>
Notify The Office of Health Policy and Planning when recipient fails, transfers, or withdraws from the school.	<b>D</b>		<b>S/R</b>
Notify The Office of Health Policy and Planning when there is a change in a recipient's name and/or address.			<b>S/R</b>
Notify The Office of Health Policy and Planning when recipient's graduation date changes.	<b>D</b>		<b>S/R</b>
Notify The Office of Health Policy and Planning of plans for employment upon graduation.	<b>D</b>		<b>S/R</b>
Notify The Office of Health Policy and Planning if recipient does not pass state licensing examination for registered nurses.			<b>S/R</b>
Submit Verification of Employment form to The Office of Health Policy and Planning at least every 3-4 months until work obligation is fulfilled.			<b>S/R</b>

**MARY MARSHALL NURSING SCHOLARSHIP**

## APPLICATION INFORMATION

Attached is your application for a Mary Marshall Nursing Scholarship. It is important that all applicants read and understand the following information prior to applying for a scholarship award. Failure to comply with any of these application requirements will result in the applicant being ineligible for a scholarship.

## APPLICATION REQUIREMENTS

1. All items on the application form must be answered.
2. A current official transcript of grades must be submitted from all schools attended
3. Applicants must demonstrate a cumulative grade point average of at least 3.0 in **required** courses, not electives.
4. Both the Dean/Director/Chair of the School of Nursing **and** the Financial Aid Officer/Authorized Person must sign the application.
5. Applicants must file the Financial Aid Form (FAF) of the College Scholarship Service, the Family Financial Statement (FFS) of the American College Testing, or the Free Application for Federal Student Aid (FAFSA) with the institution they will attend in order that their financial needs can be determined. The recommendation of the Financial Aid Officer must be based upon one of the three above referenced need analysis documents and must include a specific dollar amount determined to be the applicant's financial need.  
  
\* **Please carefully review Section 4 where the Financial Aid Office makes recommendations for financial need. If you have questions regarding the recommended need, please discuss with the Financial Aid Officer before submitting completed application.**
6. Applications and transcripts must be postmarked by **June 30** for the academic year beginning in the Fall of that calendar year. (Applications will not be accepted prior to April 30.)
7. Applicants must be enrolled as a full-time or part-time nursing student. Applicants enrolled as part-time students must report the number of hours they are taking.
8. It is the responsibility of the applicant to see that:
  - a. The application form is completed
  - b. A current official grade transcript has been mailed to the Office of Health Policy and Planning
  - c. All signatures are obtained on the application form; and
  - d. Application and official grade transcript are mailed prior to June 30 to:

Office of Health Policy and Planning  
Virginia Department of Health  
1500 East Main Street, Suite 227  
Post Office Box 2448 (23218)  
Richmond, Virginia 23219





# MARY MARSHALL NURSING SCHOLARSHIP PROGRAM For REGISTERED NURSES

## APPLICATION FORM

Section 1 - PERSONAL DATA		
DATE OF APPLICATION: ____/____/____		
Name: _____		
Last	First	MI
Address: _____		
Number	Street	
_____		
City	State	Zip
Email address (if available): _____		
Day Phone #: (    ) _____ Evening Phone #: (    ) _____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security #: _____		
Date of Birth: _____ Place of Birth: _____		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
How long have you been a resident of Virginia? _____		
Congressional District _____ (Please check with your voter registration office.)		
Have you ever received a Mary Marshall Nursing Scholarship?		
If yes, in what year(s)? _____		
By what name, if different from current name? _____		
Which school of nursing were you attending? _____		
Are you currently a registered nurse (RN)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently a licensed practical nurse (LPN)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact Person (other than applicant)		
Name: _____		
Address: _____		
_____		Phone _____
Relationship to person: _____		

## Section 2 - NURSING EDUCATION

Application for academic year of 200\_\_ to 200\_\_.

School of Nursing: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Full-time Student \_\_\_\_\_ Part-time Student \_\_\_\_\_

If part-time, number of hours \_\_\_\_\_

Have you transferred to this school from another nursing program? \_\_\_ Yes \_\_\_ No  
 Name of previous school: \_\_\_\_\_

Date of enrollment in present Nursing Program: Month \_\_\_\_\_ Year \_\_\_\_\_

Expected Date of Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

### Nursing Program Level

*Please check program type and current level. Specify level in September.*

Program	Current Level	Level in September
___ Diploma	___ 1 <sup>st</sup> Year	_____
___ Associate	___ 2 <sup>nd</sup> Year	_____
___ Baccalaureate	___ 3 <sup>rd</sup> Year	_____

## Section 3 - PRIOR EDUCATION

*An official transcript of grades from both high school and/or undergraduate programs is required.*

School	Diploma/ Degree	City & State	Dates of Attendance	Reason for Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## Section 4 - WORK EXPERIENCE

Check here if never employed \_\_\_\_\_

Type of Position	Name of Employer	City & State	Dates of Employment	Reason for Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## Section 5 - OTHER FINANCIAL ASSISTANCE

Are you receiving any other scholarships/grants for the upcoming school year?

☐ Yes      ☐ No

Please indicate: \_\_\_\_\_

       Yes                             No

Please indicate: \_\_\_\_\_

## Section 6 - NARRATIVE SUMMARY

[illegible]

Signature of Applicant

Date \_\_\_\_\_

## Section 7 - CERTIFICATION STATEMENT

All of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility. If asked by the Nursing Scholarship Committee, I agree to provide documentation verifying any information on this application. I have read and accept the conditions of the Mary Marshall Nursing Scholarship.

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Applicant's Signature Date

Applicant's Signature

Date \_\_\_\_\_

## Section 8 - FINANCIAL AID RECOMMENDATION

This section must be completed and signed by the nursing school financial aid officer or authorized person and must include a monetary recommendation.

The Mary Marshall Nursing Scholarship is a need-based aid program; therefore, the amount recommended must be documented by one of the accepted uniform methodology needs analysis systems. Please use the most recent needs analysis on file for this student to recommend the amount of scholarship required to meet need, after taking into consideration other financial aid already received by the applicant.

### 1. Student Costs and Resources

Student Aid Budget for Applicant	_____
Family Contribution (from Needs Analysis)	_____
Financial Aid Received (excluding loans)	_____
Remaining Need	_____
Cost of Program for one year	_____
(including tuition, fees, books, uniforms, etc)	_____

### 2. Scholarship Recommendation:

Award range for undergraduates may not exceed \$2000 annually. (Please note that the amount recommended may not exceed the amount of remaining need shown above. The Nursing Scholarship Committee will not make an award that exceeds the financial aid officer's recommendation. Award range for undergraduate is \$1200 to \$2000.

⇒ Based upon a review of this applicant's financial situation, I recommend a Mary Marshall Nursing Scholarship award of \$\_\_\_\_\_.

If your recommendation is less than both the "remaining need" above and the maximum allowable reflected in the award range above, please explain: \_\_\_\_\_

### 3. Needs Analysis Method Used:

Please indicate which of the following methods was used in determining the applicant's financial need and the academic year for which the form was filed. (Financial Aid Officers are encouraged to use the need analysis for the year in which the student is applying for assistance.)

\_\_\_ CSS \_\_\_ ACT \_\_\_ PELL \_\_\_ FAFSA Academic Year: 200\_\_\_ to 200\_\_\_

### 4. Please specify any extenuating circumstances which may have influenced your recommendation.

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Financial Aid Officer/Authorized Person (Print please) Phone #

\_\_\_\_\_  
Signature of Financial Aid Officer/Authorized Person Date

## Section 9 - SCHOOL OF NURSING RECOMMENDATION

Must be filled in completely and signed by Dean/Director of School of Nursing.  
Cumulative grade point average must be filled in and source of computation cited.

1. Name of Applicant: \_\_\_\_\_
2. This applicant is: \_\_\_\_\_ attending \_\_\_\_\_ approved for admission
3. Date of entrance: Month \_\_\_\_\_ Year \_\_\_\_\_
4. During this award period, the applicant will be a: \_\_\_\_\_ Full-time student  
\_\_\_\_\_ Part-time student
5. Cumulative Grade Point Average: \_\_\_\_\_ (Applicants must have a 3.0 cumulative GPA in

REQUIRED COURSES, not electives.)

Source of computation: \_\_\_\_\_ College transcript \_\_\_\_\_ high school transcript  
\_\_\_\_\_ LPN Transcript \_\_\_\_\_ other  
(specify) \_\_\_\_\_

6. Please specify any extenuating circumstances that may have influenced your recommendation.

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⇒ I recommend \_\_\_\_\_ for a Mary Marshall Nursing Scholarship award.

\_\_\_\_\_  
Name of Authorized Person Completing This Section

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Full Name of School of Nursing: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# **MARY MARSHALL NURSING SCHOLARSHIP PROGRAM For REGISTERED NURSES**

## **APPLICATION CHECK LIST**

**This checklist has been provided to facilitate the application process.  
Please send us all the documents listed below to ensure that your  
application is complete.**

- ☐ A COMPLETED MARY MARSHALL NURSING SCHOLARSHIP  
REGISTERED NURSE APPLICATION FOR 2002. (Old  
applications will not be accepted.)**
  
- ☐ A CURRENT OFFICIAL (SEALED) TRANSCRIPT OF GRADES  
FROM ALL SCHOOLS AND/OR UNDERGRADUATE COURSES.  
If no college courses attempted an official high school transcript or  
equivalent must be submitted.**

**Please make sure that:**

- ☐ ALL ITEMS ON THE APPLICATION ARE ADDRESSED.**
  
- ☐ ALL AUTHORIZED SCHOOL OFFICIALS SIGN AND DATE  
THE APPLICATION IN THE DESIGNATED PLACES.**
  
- ☐ APPLICATION AND TRANSCRIPT(S) ARE MAILED TO THE  
OFFICE OF HEALTH POLICY AND PLANNING BY THE JUNE  
30<sup>th</sup> DEADLINE.**

**2002**

